

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

August 17, 2017 - 9:30 am to 3:00 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Peter Brantner
Thomas Broeker
Dennis Bush
Jody Eaton
Marsha Edgington
Kathryn Johnson

Betty King (phone)
Geoffrey Lauer (phone)
John Parmeter
Rebecca Peterson
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Representative David Heaton
Sharon Lambert

Brett McLain
Senator Liz Mathis
Representative Scott Ourth

OTHER ATTENDEES:

Theresa Armstrong
Sara Allen
Barb Anderson
Jess Benson
Jim Donoghue
Christie Gerken
Linda Keller
Julie Maas
John Stoebe

DHS, MHDS, Community Services & Planning Bureau Chief
Cornerstone Government Affairs
Iowa Department of Education
Legislative Services Agency
Iowa Department of Education
Iowa Advocates for Mental Health Recovery
Iowa Department of Inspections and Appeals
MHDS, Community Services & Planning/CDD
University of Iowa Health Clinics

Welcome and Call to Order

John Parmeter called the meeting to order at 9:35 am and led introductions. Quorum was established with thirteen members present and one participating by phone. No conflicts of interest were identified.

Approval of Minutes

Dennis Bush made a motion to approve the July 20th meeting minutes as presented. Kathy Johnson seconded the motion. The motion passed unanimously.

MHDS Update – Theresa Armstrong

Theresa Armstrong discussed Senate File 504 which charged the Department of Human Services to convene a work group to make recommendations to the Governor and General Assembly relating to the service delivery of, access to, and coordination of mental health, disability, and substance use disorder services and supports for individuals with complex needs. This includes individuals with co-occurring mental health and substance use disorder, co-occurring mental illness and intellectual disability, and individuals that due to their illness or disability have aggressive behavior that make it difficult for our current system to meet their needs.

Theresa said the work group members have been identified and their first meeting will be August 22, 2017. Theresa said the meeting announcement was sent out and another email with the meeting agenda and work group members will be sent this week. Theresa said this work group is a continuation of what Director Palmer started last year when he met with several groups of people including hospitals, community mental health centers, law enforcement, representatives from the judicial system, and individuals with lived experience and family members of individuals with lived experience on the topic. Theresa said that the work group will also include the Iowa Department of Public Health who is responsible for managing and licensing substance use disorder treatment programs.

Theresa said the MHDS Regions are also directed by SF504 to form local work groups to develop processes, policies, and practices for the same group of people as the statewide work group. Theresa said the Department is responsible for giving the regions outcomes so they can assess the effectiveness of their plans. Theresa noted that DHS will submit a report to the Governor and General Assembly in December 2018 based on the plans and the outcomes.

Theresa said that some of the Commission members may have seen a beginning draft of the outcomes for the regions. Theresa said both the state and the regions agreed that the first draft included information that was important to collect but it was a lofty goal given the short timeframe the regions have to submit their plans to DHS. Theresa said that the regions must submit their plans to DHS by October 16, 2017 and in the plans the regions need to tell DHS how they are going to collect the information for the outcomes and then start collecting it. Theresa said DHS and the regions had good discussions about the outcomes and are closer to landing on collecting the number of people as a starting point. Theresa said the hope is over the year to see a decrease of the number of people with complex mental health, intellectual disability, substance use disorder or a combination of those characteristics sitting in the emergency room for over 24 hour, in jail longer than necessary waiting for community services to become available, continue to be inpatient after they are ready for discharge or discharged from their community provider without a new provider in place.

Theresa said that all except one of the MHDS Regions have met to start working on their community service plans and some of the regions have moved on to their second meeting. Theresa said the one region that hasn't met is scheduled to meet next week. Theresa said that some of the discussions at the meetings have centered on what services are needed and how to support providers, not just financially but in training and continued education for staff. Theresa said that regions are beginning to see this work group as a positive way to connect with the hospitals and discuss how can they help when the hospital isn't able serve an individual.

John Parmeter asked what services in the regions are going to accommodate individuals with complex needs. Jody said the plan is more of a strategic plan that will also include what services and supports the region wants to put in place or enhance as well as a section describing how the region is going to spend down their fund balance. The regional work groups are also looking at what other regions are doing that may be successful in their own region or expanding services in one part of a region across the entire region. Jody expressed concern about the short timeframe to submit the plan which could impact the level of detail in the plans but that there may be more detail in the region's annual reports submitted in April 2018.

Jen Sheehan said that she has heard a lot about sustainability for services and if Medicaid is going to start covering these services. John Parmeter asked if the regions are going to be responsible for everyone or if the MCOs will also be covering the services. Theresa said that the

MCOs will be joining the regional work groups and it's been successful in some areas and some regions have said that they haven't had participation from all the MCOs. Theresa said that the statewide work group is gathering success stories because there have been times when individuals with complex needs have been served successfully and it may be possible to replicate what was done in those situations. Theresa said that some of the success stories are going to show how funding was blended to support the individual.

Pete Brantner said that one of the areas he sees regions struggling with is funding services for individuals who are aggressive and violent. Theresa said that violence and aggression is one of the top reasons people are considered to be complex. Providers get scared to work with them due to aggression against staff. Theresa said a big step in working with these individuals is having providers who are committed to serving these individuals. It doesn't need to be every provider but at least a few committed providers. We do already have a few providers who are committed to serving individuals with aggressive behavior and we are looking to learn how and what processes they put in place to successfully serve individuals with aggression and sustain their agency. Pete asked if it will be the responsibility of the regions without the state involved to collaborate in serving individuals with violent behaviors. Theresa said the MCOs will be involved but the regions will take a leadership role in helping individuals to access the right services in their regions.

Tom Bouska asked if the expectation is for each region to provide the services needed for individuals with complex needs or if there is a plan to work across regions. Theresa said that as the regional CEOs talk we will likely see more collaboration across regions. Jen Sheehan said that in her region their crisis stabilization center has worked with other regions in serving people and other regions are developing services that cover service gaps in their region. Kathy Johnson said that her agency crosses into three regions and she sees positive collaboration but expressed concern that SF504 did not specify how the regions must use their fund balances so regions may not go in the same direction.

Dennis Bush said his region had their first meeting and one of the discussions was how the region is reluctant to fund services that will transfer to the MCOs once the individual is Medicaid eligible because the MCO may refuse to pay for the service and the responsibility to fund it will remain with the region. Theresa said there are challenges determining at what point the MCOs are paying but if it is a Medicaid service or B3 service the MCOs should be paying if the individual is eligible for Medicaid. Theresa said that one of the things SF504 required is the MHDS Regions to enter into MOUs with the MCOs and one of the items addressed is both entities responsibilities in funding services. Jody Eaton said that was a specific requirement in SF504 but the regions are concerned that depending on what they put in the MOUs the MCOs may not sign the MOU. Theresa said its at least making the discussion happen which is a step in the right direction. Dennis said that it was the understanding of his regional CEO that each region is responsible to develop their own MOU with the MCOs. Theresa said it's possible that will happen but the regions are trying to work together to have a uniform MOU but each region will be negotiating with the MCOs.

Theresa said the Children's Mental Health and Well-being Workgroup is continuing as an advisory committee and will be meeting at the end of September. Theresa said the workgroup has been in place for two years and the same members were asked to continue on as part of the advisory committee.

Theresa said that a request for proposal has been issued for children's collaboratives and they hope to have contracts in place by October 1st.

John Parmeter asked if Medicaid has started paying for children's crisis services. Theresa said they are working on crisis services in general which will include children. Theresa said that Medicaid can already pay for some crisis services and the regions are developing crisis services. Theresa said that the codes and rates aren't in place yet with the MCOs but it will hopefully happen soon. Kathy Johnson asked who will pay for the availability of crisis services. Theresa said that a high level answer to that is that it is the regions have to provide access to services.

Theresa said SAMHSA will be bringing a team to Iowa in September for a site visit for the mental health block grant. The site visit is September 12-15 and they will be talking to MHDS and fiscal staff and will be a combined review with the Iowa Department of Public Health. The reviewer will want to talk about Iowa's mental health system for children and adults. At the last site visit, regions had just gotten together so now we'll talk about what they have put in place. We'll also be talking about our challenges which include managed care. The reviewer will talk with local providers specifically Orchard Place and Eyerly Ball. The Mental Health Planning Council will be meeting with the reviewer as well as other individuals and family identified through NAMI and the MHPC.

There was discussion on serving children with complex intellectual disability needs and a shortage of providers who specialize in that population. There was discussion on the regions responsibility with the adult mental health system but that does not prevent them from helping with children's services.

State Resource Centers Barrier Report – Marsha Edgington

Marsha Edgington spoke about the State Resource Center's (SRC) annual barrier report, which identifies reasons why individuals living in Iowa's two SRCs have not moved into their communities. She said the information in this report is current as of the end of 2016, and she can provide more up-to-date information if needed.

Marsha presented the Barrier Report.

Overview of mental health services in schools – Barb Anderson

Jim Donoghue from the Department of Education and a member of the Iowa Mental Health Planning Council introduced Barb Anderson from the Department of Education to present on Project AWARE (Advancing Wellness and Resilience in Education).

Barb presented a power point on Project AWARE.

John Parmeter said at the joint MHDS Commission and Mental Health Planning Council meeting in May there was discussion about how mental health issues in schools are being addressed as disciplinary issues and not mental health issues. John asked if Project AWARE impacts that issue. Barb said each of the local education agencies (LEA) works with district leadership to look at environments and how to make each student feel safe. John asked if there is data being collected on how frequently children identified with mental health needs are intersecting with the disciplinary system. Barb said that it is important information and the districts are working to develop data systems that are able to collect that information but it is a work in process. John said one of the issues identified is a breakdown of communication between school counselors and teachers regarding mental health plans. Barb agreed and said part of their work is breaking down stigma to encourage open communication with all necessary parties.

Kathy Johnson said the community mental health center she works for provides school based mental health services in their district. Kathy said there have been two shifts in how mental health services are provided in schools. The first was identifying kids with mental health concerns and sending them to a therapist. The second was building capacity in the schools by teaching teachers how to identify mental health symptoms and children who are showing early warning signs. Barb said that mental health first aid was presented to teachers as well as other social emotional learning curriculums so the teachers are more comfortable talking with students about mental health.

Becky Schmitz said schools used to be more flexible in allowing direct services to come in to work with kids but now it is limited to students who have Medicaid and is more focused on developing a plan rather than providing the direct service.

Jen Sheehan asked if there has been more focus on trauma informed care in schools. Barb said that all LEAs are trained in trauma informed care and that LEAs and Area Education Agencies are ahead of the state when it comes to trauma informed care.

Public Comment

Barb Bush expressed concern regarding individuals with mental illness where one of the symptoms is falsely reporting abuse allegations. Deb commented that it is difficult to therapeutically decrease the symptom of false reporting when facility processes reinforce it. Barb commented the state should look at ways to streamline the reporting process for individuals who have a history of false reporting.

The Commission adjourned for lunch at 12:00 pm and reconvened at 1:00 pm.

Update on Iowa's State Innovation Model – Shelley Horak

Shelley Horak from the Iowa Department of Public Health presented a power point on Iowa's State Innovation Model program.

There was discussion on the challenges with the current process for Integrated Health Home's value base performance standards and payments.

John Parmeter asked what it would look like to have 80% of payments be value based by 2021. John asked if that will include with-holds. Shelley said it looks like covered lives and can be payment incentive for quality. Shelley said that we could tie social needs to quality which other states have tried to do but haven't been able to accomplish it yet and risk adjust based on what we know and incentivize the payment for addressing the needs and producing outcomes. John asked how the transition to incentivized payments would go for providers so they are able to handle the withholding of payments. Shelley said they would be equipping providers and utilizing technical assistance with providers and having a test run. Kathy said that providers can't collect all measures without having partners which encourages agencies to come together and form networks.

Jen Sheehan asked how the experience would be different for the patient. Shelley said the patient should feel more empowered about their health. Shelley said they would have a medical community supporting them in a wraparound approach.

Kathy Johnson commented about the clear outcomes and target dates for Medicare to have 50% of payments value based by 2018 and 80% by 2021. Kathy said that there is some

indication of work being done towards Medicaid implementation but what is the expectation for Medicaid implementation? Shelley said that almost all of the work being done right now is with Medicaid and with some private payers. Shelley said they are attempting to establish a Medicaid Accountable Care Organization but progress has been slowed due to the implementation of managed care. Kathy asked if there will be changes in 2018. Shelley said they will still be making progress in 2018 and she does not know if it will impact providers. Shelley said that all three MCOs are meeting monthly and are looking at 2018 to being compliant with the reporting requirements of SIM.

Planning for September Meeting

John Parmeter said that at September meeting there will be presentations on Medicaid eligibility and the jail report from Disability Rights Iowa. There was a request for Director Foxhoven to present on his vision for mental health. There was a request for the regions to report on the development of outcomes.

Committee meetings

The Commission decided not to break into committees and instead the Legislative Priorities committee will meet via phone before the September meeting.

Public Comment

None

The meeting was adjourned at 2:22 pm

Minutes respectfully submitted by Julie Maas.